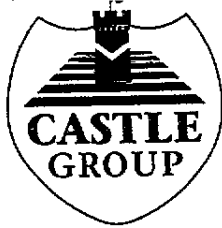


N 95 00000 1712



City/ Box 189013 Phone #  
Plantation, FL 33318

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **800002979878-4**
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **-09/07/99-01109-017**  
**\*\*\*\*\*35.00 \*\*\*\*\*35.00**
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 99 SEP -7 AM 9:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Examiner's Initials *AW 9-10*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Granville Condominium C Association, Inc.

2. The mailing address of the corporation is: c/o Castle Management, Inc.

P.O. Box 189013, Plantation, FL 33318

3. Date of incorporation/qualification: 04/11/1995 Document number: N95000001712

4. The name and address of the current registered agent and office:

Exclusive Property Management, Inc.

1280 S.W. 36th Avenue, Suite 301

Pompano Beach, FL 33069

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Castle Management, Inc.

4450 West Sunrise Boulevard, Suite 100

Plantation, FL 33313

99 SEP -7 AM 9:55  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

8/12/99  
(Date)

DAVID FORMAN, President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Gail H. Sangunett  
(Signature of Registered Agent)

August 10, 1999  
(Date)

If signing on behalf of an entity:

Gail H. Sangunett

(Typed or Printed Name)

Vice President - Administration

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*